



Transportation Necessity Form

I, _____, hereby certify, represent
(Please Print Patient Name)

and warrant that a financial hardship would result if it were necessary for me to obtain my own transportation to and from VIV of Woodbridge, Fredericksburg and Fairfax to receive care. I understand that VIV *only* provides transportation services, up to 60 miles one-way (120 miles round trip), for appointments that will result in a procedure requiring sedation. For this reason, I am unable to drive myself for at least 24 hours and I am financially unable to provide any other services for myself.

In accepting complimentary transportation from the Vascular Institute of Virginia, I agree to the following:

- I understand that I will be billed by VIV and responsible for payment for the full round-trip cost of any transportation provided *if I cancel the appointment/ride AFTER the driver has arrived at my residence/pick-up address for my appointment.*
- I understand that transportation will be provided from my place of residence/care to the Vascular Institute of Virginia (Woodbridge, Fredericksburg or Fairfax location) and back to my place of residence/care. Requests for outside stops will not be permitted. This includes stops for:
 - Meals/Drive-Thru
 - Groceries
 - Pharmacy

- **I will treat all drivers and their vehicles with kindness and respect. Litter, profanity, any forms of abuse, etc. directed towards the driver will not be tolerated.**

Should any of the above guidelines be violated, the Vascular Institute of Virginia will immediately cease the provision of this complimentary service.

This form does not apply to myself or the patient if I am the patient's representative; therefore, VIV will not provide any transportation services for procedures done in the office.
(Please check box and sign below if this statement applies)

Signature of Patient or Representative

Date: _____/_____/_____